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CONFIRMATION NO. 8923

<b>SERIAL NUMBER</b> 10/075,518	<b>FILING OR 371(c) DATE</b> 02/13/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 11587.49US01
<b>APPLICANTS</b> Katherine S. Tweden, Mahtomedi, MN; Michael Schollmeyer, Maple Grove, MN;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/04/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 38
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22852				
<b>TITLE</b> Cardiac implant and methods				
<b>FILING FEE RECEIVED</b> 597	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## \*BIBDATASHEET\*

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## APPLICANTS

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Michael Schollmeyer, Maple Grove, MN;

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged _____ Examiner's Signature Initials	MN	5	38	3

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## TITLE

Cardiac implant and methods

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